

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90009 012 ****70.00

0051381

DOCUMENT # N08757

1. Entity Name

INTERNATIONAL SOCIETY OF FIRE SERVICE INSTRUCTOR

Principal Place of Business

1426-C SW 25TH AVE
BOYNTON BEACH FL 33426
US

Mailing Address

1426-C SW 25TH AVE
BOYNTON BEACH FL 33426
US

2. Principal Place of Business

821 N. US. 1

Suite, Apt. #, etc.

SUITE B

3. Mailing Address

821 N. US. 1

Suite, Apt. #, etc.

SUITE B

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2763158

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMP, MICHAEL

1426-C SW 25TH AVE

BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Lawrence E. Scovotto

Street Address (P.O. Box Number is Not Acceptable)

821 N. US. 1

SUITE B

City

Ormond Beach

FL

Zip Code

32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Lawrence E. Scovotto

2/7/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P
TALBERT, RICK
6450 ABISCO RD
COCOA FL 32927

TITLE NAME ☐ Delete

VP
RANDOLPH, M
2305 ALISTIR LN
TALL FL 32312

TITLE NAME ☐ Delete

SD
MCMICHAEL, WILLIAM M
1171 SEDEEVA ST
CLEARWATER FL

TITLE NAME ☐ Delete

T
KEMP, MICHAEL W.
1426-C SW 25TH AVE
BOYNTON BEACH FL

TITLE NAME ☐ Delete

D
WEBB, RICHARD
4404 COBALT ST
PALATKA FL 32177

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

MD
Lawrence E. Scovotto
821 N. US. 1 Suite B
Ormond Beach, FL 32174

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 904676 2744

CR2E037 (10/00)